

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025219

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 251

Primary Registration District No. 5847

Registrar's No. 154

FILED JUL 1 1963

## 1. PLACE OF DEATH

a. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Nodaway Township

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Nodaway

c. CITY OR TOWN Elmo

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION (Highway Accident)

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Woodrow

Harold

Kerns

4. DATE OF DEATH

Month

Day

Year

June 23 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/13/1917

## 9. AGE (last birthday)

46

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

Feed Business

## 11. BIRTHPLACE (City and state or country)

Blanchard, Iowa

## 12. CITIZEN OF WHAT COUNTRY

US

## 13a. FATHER'S NAME

Albert Ross Kerns

## 13b. MOTHER'S MAIDEN NAME

Bessie Leona Johnson

## 14. NAME OF HUSBAND OR WIFE

Never Married

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

yes WWII

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Wilbur Kerns Elmo, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Transverse Cervical Spinal Cord Fracture

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Fracture of Cervical Spine

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car he was driving ran into deep ravine

## 20c. TIME OF INJURY

Hour

Month, Day, Year

2:10

a.m.

6 23 63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 71 + 136

## 20f. CITY, TOWN, OR LOCATION

Burlington Jct Nodaway Mo.

## 21. I attended the deceased from

to

and last saw her him alive on

Death occurred at 2:10

A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

B. H. Bland M.D.

## 22b. ADDRESS

Maryville Missouri

## 22c. DATE SIGNED

6/25/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6/25/63

## 23c. NAME OF CEMETERY OR CREMATORY

Elmo Cemetery

## 23d. LOCATION (City, town, or county)

Elmo Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Hann Funeral Home Burl. Jct Mo

## 25. DATE RECD. BY LOCAL REG.

6-25-63

## 26. REGISTRAR'S SIGNATURE

Bess Bolt

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS.300  
Rev 24/59

1 0740

2 0740

3

4 0

5 0

6

7 1

8 2

9 X

10

11 074

12 91-0

13 1-0

JUL 23 1963

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision:

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2965

P. O. Address Emil J. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.